

Arizona State Hospital Annual Report

FY 1983-84





ARIZONA STATE HOSPITAL

Annual Report FY 1983-84

BRUCE BABBITT GOVERNOR, STATE OF ARIZONA

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INTRODUCTION

Located at 2500 East Van Buren, Phoenix, Arizona, Arizona State Hospital (ASH) provides inpatient psychiatric care and treatment for state residents who are suffering from severe mental and emotional illnesses and disorders. The mission of the Arizona State Hospital is to develop and enhance the strengths, abilities, and interests of patients and to enable those patients to return to the community.

During FY 1983-84, the capacity of ASH staff to provide such care and treatment was impeded by the substantial rise in the patient census. Whereas the patient census rose only by 5.2 percent during FY 1982-83, the census grew by 107 patients, or by about one-third in FY 1983-84, and by an additional 9.8 percent during the first six months of FY 1984-85. As of December 1984 the census was 493. The reasons for the dramatic increase in the ASH census are complex. However, it is clear that this growth is related to implementation of a more lenient commitment law in July 1983, a rise in the admission of patients who tend to have longer lengths of stay, and the increase in the state's population.

The dramatic rise in the census has posed significant burdens on the physical plant, despite the addition of two new units, the patient equipment inventory, and the staff which has not grown in proportion to the size of the increase in the patient census. If present trends continue, it is projected that the census will grow to 527 by the end of FY 1984-85 and to 594 by the end of 1985¹. This projected increase in the census will compound further the capacity of the current physical facilities and staff to treat adequately ASH patients.

The Department of Health Services (DHS) is hopeful that the implementation of the reorganized community-based behavioral health system will assist in stemming the tide of the ASH census growth by enabling the state to mandate more effective linkages between ASH and community mental health agencies. These improved linkages should facilitate more effective ASH patient discharge planning and reduce lengths of stay in

ASH, as well as result in fewer referrals to ASH.

The remainder of this report describes the types of patients in ASH, treatment units, treatment methods, staffing, service measurements, and the facility and physical plant. Where appropriate, information on FY 1983-84 and the first six months of FY 1984-85 is presented. Appendix B contains the ASH financial summary for FY 1982-83 and FY 1983-84. Appendix C includes county specific information related to patient characteristics.

See Appendix A for projections of census through FY 1987-88

PATIENT DESCRIPTION

Patient Census

As aforementioned, the ASH census has grown dramatically over the past eighteen months. Table 1 indicates that in FY 1982-34 the ASH census was very stable, growing from 325 at the beginning of the year to 342 at the end of the year. In the eighteen months since that time, the census has grown to 493, an increase of 44.2 percent. This increase has coincided with the implementation of a more lenient commitment law in July of 1983. Chapter 253, Laws of 1983, changed the Arizona Mental Health Law in several significant ways. Among the changes that made court-ordered commitments easier are:

- "Danger to others" was amended to change "substantially bodily harm" to "serious physical harm" throughout; to change "within thirty days" to "in the near future"; to change "within thirty days previous to the filing of the petition for court ordered evaluation" to "in the recent past by verbal or nonverbal acts or both"; and to interject "without further treatment" between "constitutes" and "a danger of inflicting..."
- "Danger to self" was amended to change "substantial bodily harm" to "serious physical harm" throughout; to change "within thirty days" to "in the near future" throughout; and to change "within thirty days previous to the petition for court ordered evaluation" to "in the recent past."
- "Gravely disabled" was amended to change "within thirty days" to "in the near future"; and to change "grave physical harm" to "serious physical harm."

It is difficult to gauge the impact of these statutory changes by simply analyzing the changes in court commitments because a significant number of clients that would be court committed probably agreed to voluntary commitments instead. This issue in all likelihood is more prevalent under the new law, with court commitment easier to achieve.

Despite this caveat, these statutory changes indeed do seem to have contributed to the rise in the ASH census between FY 1982-83 and the first six months of FY 1984-85, but perhaps not to the degree that many anticipated. Thus, court-ordered commitments

Average Monthly Census, Admissions and Discharges, and Ratio of Discharges to Admissions

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2/4	ATMT HTHEN A	A7A.	372 .4	193	179	771	318	85X

accounted for 60 percent of total commitments in FY 1982-83, 63 percent in FY 1983-84, and 73 percent in the first half of FY 1984-85. Looked at somewhat differently, while total admissions grew by 32 percent between FY 1982-83 and FY 1983-84, court-ordered commitments rose by 40 percent. In absolute numbers, of the 179 additional ASH admissions in FY 1983-84 over FY 1982-83 levels, 132 admissions were involuntary. In addition, it does not seem to be coincidental that the census was stable from December 1982 through July 1983 and started to increase thereafter; the change in statute became effective on July 27, 1983.

The Department of Health Services has taken steps to ensure that involuntary commitments to ASH are appropriate. A psychiatrist under contract to the Department currently attends commitment hearings in Maricopa County and is assessing petitions for court-ordered treatment to ASH. An evaluation of the effects of this measure will be conducted later in FY 1984-85. In addition, the Department has established an ASH committee, comprised of the Superintendent and the Directors of Social Service, Quality Assurance and Nursing, to review admissions for appropriateness of ASH referrals.

Another factor contributing to the increasing ASH census is the growing number of patients who are so severely disabled as to require long stays in the State Hospital. The vast proportion of such patients were quartered at the Geropsychiatry and Granada facilities. At the close of FY 1982-83, 100 patients resided in these units; by the end of FY 1983-84, 135 patients resided in these units, an increase of 35 percent. The effect of this FY 1983-84 increased population on the census was a sharp rise in the median length of stay in FY 1984-85 (see Table 2). The median length of stay rose by 35 percent from 48 days in FY 1983-84 to 65 days in the first six months of FY 1984-85. In comparison, the median length of stay in FY 1982-83 was 49 days.

patient Characteristics

The demographic composition of ASH admissions has been stable between FY 1983-84 and FY 1984-85 (see Tables 3, 4, and 5). Roughly one-third of the admissions were between 19 and 29 years of age, one-quarter between 19-29 and 40-64, respectively, and one-tenth under 19 and over 65, respectively. Almost 60 percent of the admissions were males and about three-fourths were white. This demographic composition was roughly the same in FY 1982-83.

Not surprisingly, most of the admissions to ASH came from Maricopa County and, to a lesser degree, from Pima County. However, there have been changes in the proportion and rates of patients coming from each county (see Tables 6 and 7). In terms of the proportion of total admissions from each county, a growing percentage of ASH admissions reside in Maricopa County. Thus, 57 percent of the admissions came from Maricopa County in FY 1982-83, while 65 and 63 percent came from Maricopa County in FY 1983-84 and the first 6 months of FY 1984-85, respectively.

When the population of each county is taken into account by looking at the admission rates per 100,000 population, a somewhat different pattern emerges. Looked at in this fashion, Gila County has by far the largest admission rate of any county, with rates over 70 per 100,000 population in FY 1982-83 and FY 1983-84. However, if trends continue, this rate will decline significantly this year. Among other counties with significant numbers of ASH admissions, Maricopa, Pinal, Yavapai, and Yuma Counties have admission rates in excess of the state average. Admission rates of the former three counties increased by 50 percent between FY 1982-83 and FY 1983-84. These rates for Maricopa and Pinal Counties seemingly are stabilizing at FY 1983-84 levels, while the rate for Yavapai County is declining somewhat. The admission rates for Yuma County, however, are steadily increasing.

Consistent with the ASH mission of caring for and treating severely disturbed Patients, almost three-fourths of the ASH admissions in FY 1983-84 and the first six

TABLE 2
LENGTH OF STAY FOR DISCHARGES
FY 1983-84, FY 1984-85 (6 MONTHS)

	FY 1	983-84	FY 1984-85	(6 Months	<u>;)</u>
DAYS IN HOSPITAL	Numbe	<u>r</u> %	Numbe	r %	
Under 7 Days	80	14	32	10	
7 - 13 Days	49	8	13	4	
14 - 20 Days	55	9	17	5	
21 - 30 Days	42	7	28	9	
31 - 60 Days	121	21	59	19	
61 - 90 Days	59	10	46	15	
91 - 180 Days	93	16	71	22	
181 - 365 Days	51	9	30	9	
1 - 5 Years	31	5	17	5	
5+ - Years		_1		_2	
TOTAL	588	100%	318	100%	
MEDIAN DAYS IN HOSPITAL:	48	Days	65	Days	

ADMISSIONS BY AGE FY 1983-84, FY 1984-85 (6 MONTHS)

	FY 198	3-84	FY 1984-85 (6 Months)		
Age	Number	<u>%</u>	Number	%	
Under 19	65	9	35	10	
19 - 29	235	32	117	31	
30 - 39	169	23	91	24	
40 - 64	190	26	90	24	
65+	72	10	39	11	
TOTAL	731	100%	372	100%	

ADMISSIONS BY SEX FY 1983-84, FY 1984-85 (6 MONTHS)

	FY 1983-84		FY 1984-85	6 MONTHS	<u>()</u>
<u>Sex</u>	Number	%	Number	%	
	10			ti-	
Male	428	59	216	58	
Female	303	41	<u>156</u>	42	
TOTAL	731	100%	372	100%	

ADMISSIONS BY ETHNICITY FY 1983-84, FY 1984-85 (6 MONTHS)

	FY 198	3-84	FY 1984-85	(6 MONTH	<u>(S)</u>
Ethnicity	Number	96	Number	%	
White	558	77	276	74	
Hispanic	95	13	. 53	14	
American Indian	10	1	6	2	
Black	59	8	33	9	
Other	9	1_	4	1	
TOTAL	731	100%	372	100%	

TABLE 6

TOTAL NUMBER AND PERCENTAGE OF ASH ADMISSIONS BY COUNTY
FY 1982-83, FY 1983-84 AND FIRST 6 MONTHS OF FY 1984-85

	FY 1982-1983		FY 1983	-1984	FY 1984-1985	(6 MONTHS)
County*	Number	%	Number	%	Number	<u>%</u>
Maricopa	317	57	472	65	235	63
Pima	61	11	63	9	41	11
Apache	4	1	3	0	4	1
Cochise	12	2	11	1	7	2
Coconino	16	3	12	2	2	1
Gila	28	5	31	4	9	2
Graham	8	2	15	2	7	2
Greenlee	1	0	0	0	0	0
La Paz	0	0	0	0	0	0
Mohave	9	2	8	1	3	1
Navajo	16	3	13	2	12	3
Pinal	28	5	41	6	20	5
Santa Cruz	3	1	2	0	1	0
Yavapai	19	3	26	3	10	3
Yuma	30	<u>5</u>	34	<u>5</u>	21	6
TOTAL	552	100%	731	100%	372	100%

^{*}County of Admission

ASH ADMISSION RATES PER 100,000 POPULATION BY COUNTY FY 1982-83, FY 1983-84 AND FIRST 6 MONTHS OF FY 1984-85

County*	FY 1982-83	FY 1983-84	FY 1984-85 (6 MONTHS)
Maricopa	18.2	27.0	13.5
Pima	9.8	10.2	6.6
Apache	6.2	4.6	6.2
Cochise	12.6	11.6	7.4
Coconino	17.3	13.0	2.2
Gila	71.1	78.7	22.8
Graham	32.7	61.2	28.6
Greenlee	8.0	0	0
La Paz	0	0	0
Mohave	14.7	13.1	4.9
Navajo	20.7	16.8	15.5
Pinal	28.1	41.1	20.0
Santa Cruz	12.1	8.1	4.0
Yavapai	24.1	33.0	12.7
Yuma	34.8	39.4	24.4
TOTAL	17.6	23.3	11.9

^{*}County of Admission

months of FY 1984-85 suffered from severe, functional psychotic conditions (see Table 8). Almost one-half of the admissions suffered from schizophrenic disorder, 28 percent from affective psychosis and 2 percent from paranoia or other psychoses. An additional 12 percent of the admissions had disorders related to underlying organic causes, with almost one-half of these patients suffering from dementia.

During FY 1983-84, 588 patients were discharged from ASH, of which 562, or 96 percent, were complete discharges (see Tables 9 and 10). Over two-thirds of these discharges were to Maricopa County. In contrast, seven percent of the discharges were to Pima County and no other county received more than four percent of the ASH discharges. During the first six months of FY 1984-85, 318 patients were discharged, with 80 percent being completely discharged. As in FY 1983-84, about two-thirds of the discharges were to Maricopa County.

TREATMENT UNITS

The Arizona State Hospital is organized by treatment units. During the past fiscal year, the number of treatment units was increased from ten to twelve in an effort to address the overcrowding. Each treatment unit has interdisciplinary teams comprised of psychiatrists, medical specialists, psychologists, nurses, social workers, rehabilitation therapists, auxiliary clinical staff and others—some of whom are assigned to more than one unit. A medical staff member is responsible for each patient's treatment and a psychiatric nurse administrator is responsible for unit administration. Patients are assigned to a treatment unit based on their needs and level of functioning. The remainder of this section provides a brief overview of each treatment unit. The average daily census for each unit is displayed in Table 11.

Admission and Evaluation Unit (A & E)

The Admission and Evaluation Unit is a receiving unit designed to admit patients,

NUMBER AND PERCENT OF ADMISSIONS TO ARIZONA STATE HOSPITAL BY DIAGNOSTIC REASON IN FY 83-84 AND FIRST SIX MONTHS OF FY 84-85

	FY 198	3-84	FY 84-85 (6 MONTHS)
DIAGNOSIS GROUPING	Number	<u>%</u>	Number	%
Schizophrenic Disorders	319	44	143	38
Affective Psychoses	207	28	104	28
Paranoid States	5	.5	3	1
Other Psychoses	9	1	10	3
Neurotic Disorders	1	. 1	1	0
Senile and Presenile Organic				
Psychotic Conditions	35	5	23	6
Alcoholic Psychoses	14	2	2	1
Other Organic Mental Disorders	41	6	27	7
Drug Related Disorders	14	2	8	2
Personality Disorders	22	3	7	2
Adjustment Reactions	14	2	16	4
Disturbance of Conduct	23	3	9	3
Mental Illness/Mental Retardation	n 16	2	4	1
Alcohol Abuse ·	4	.5	7	2
Other	7	.9	8	2
TOTAL	731	100%	372	100%

DISCHARGES BY COUNTY AND TYPE OF DISCHARGE FY 1983-84

	CONDITION		COMPLEDISCHA		TOTA	<u>L</u>
COUNTY*	Number		Number	%	Number	<u>%</u>
Maricopa	16	61	384	68	400	68
Pima	1	4	41	7	42	7
Apache	0	0	0	0	0	0
Cochise	1	4	8	2	9	2
Coconino	1	4	9	2	10	2
Gila	0	0	24	4	24	4
Graham	3	11	8	2	11	2
Greenlee	0	0	0	0	0	0
LaPaz	0	0	0	0	0	0
Mohave	0	0	6	1	6	1
Navajo	2	8	6	1	8	1
Pinal	2	8	11	2	13	2
Santa Cruz	0	0	3	0	3	0
Yavapai	0	0	7	1	7	1
Yuma	0	0	4	1	4	1
Out of State	0	0	45	8	45	8
Unknown**	0	0	6	1	6	_1
TOTAL	26	100%	562	100%	588	100%

^{*}County To Which Discharged

^{**}Includes persons who leave against medical advice when their destination is not known, and unauthorized absences who are not returned to Arizona State Hospital.

AVERAGE DAILY CENSUS BY TREATMENT UNIT FY 1982-83, FY 1983-84 and FY 1984-85 (First 6 months)

	PSR	A&E	CATU	BEHAVIOR	GERO/1 PSYCH	GRANADA ¹	CONT	TRAN	TOTAL
July 1982	122	45	12	33	73	39			325
August 1982	125	41	15	33	75	40			329
September 1982	125	40	14	35	73	39			326
October 1982	126	43	14	30	72	37			323
November 1982	128	51	15	31	72	35			332
December 1982	129	60	13	34	73	34			344
January 1983	129	55	12	38	76	33			343
February 1983	130	50	15	37	78	34			345
March 1983	128	51	13	36	76	33			337
April 1983	127	61	13	36	74	33			344
May 1983	130	59	12	37	71	31			342
June 1983	134	58	13	37	68	32			342
Monthly Average	128	51	13	35	73	35			336
July 1983	134	56	14	37	68	31			340
August 1983	142	56	14	40	74	33			360
September 1983	160	41	14	42	80	33			369
October 1983	168	42	12	42	82	33			377
November 1983	164	42	15	43	84	34			381
December 1983	168	43	18	42	84	36			391
January 1984	178	43	16	45	86	35			402
February 1984	186	48	16	44	85	32			411
March 1984	187	59	19	47	84	31			426
April 1984	180	49	17	53	94	30			423
May 1984	184	51	17	51	105	29			437
June 1984	187	59	17	51	105	30			449
Monthly Average	170	49	16	45	86	32			397
July 1984	154	60	19	52			171		456
August 1984	158	63	18	55			173		466
September 1984	159	51	20	56			176	4	464
October 1984	162	55	21	57			178	6	478
November 1984	167	52	21	58			181	8	488
December 1984	167	55	20	59			184	9	493
Monthly Average	161	56	20	56			177	7	474

¹The Geropsychiatric and Granada facilities were incorporated into a new continuous care unit in FY 1984-85.

provide assessment and diagnostic services, perform short-term (90-day or less) therapeutic activities and discharge or transfer patients for continuing treatment to other units within the Hospital. The criteria for placement in A & E includes: a patient's need for a length of stay not to exceed three to four weeks; need for special or intensive assessment procedures; and a demonstrated ability to benefit from brief hospitalization. Between one-third and one-half of admissions to this unit are in need of crisis stabilization. Major treatment modalities used on this unit include: milieu leisure recreational activities; physical care and hygiene; individual and group psychotherapy; occupational therapy; psychotropic medication; and placement services. The average daily census in the Admission and Evaluation unit was 51 in FY 1982-83, 49 in FY 1983-84, and 56 in the first half of FY 1984-85. This unit is currently staffed by 65 employees.

PsychoSocial Rehabilitation Unit (PSR)

Juniper ward living areas J-1, J-3, J-6, J-8, and J-10 house patients with chronic, less refractory mental disorders. The areas are divided on the basis of functioning levels exhibited by patients. Programs are geared to provide those basic coping skills necessary to retain a patient's capacity for improvement or maintenance. Criteria for placement on PSR vary with the functional levels, but include a patient's need for projected length of stay beyond three to four weeks and stabilization on psychotropic medications. The patient also must demonstrate identified specifications relating to continued hospitalization time limits, ambulation, potential for escape, extensive supervision and degree of disruptive behavior. Treatment modalities primarily involve problem-solving and coping skills development; milieu recreational activities; occupational therapy; physical care and hygiene; adult education; psychotropic medication; and placement services. The average daily census in the PsychoSocial Rehabilitation Unit has grown from 128 to 170 and 161 from FY 1982-83 to FY 1983-84 and FY 1984-85, respectively. This unit currently is staffed by 123.50 employees.

Behavior Management Unit (Cholla)

Patients admitted to this closed, security and forensic unit include those who are acutely disturbed and assaultive, those with a recent history of notable dangerous behavior—such as murder, rape, assault, arson—and others who are believed to be dangerous and high escape risks. Complicating the functional and treatment structure is the fact that Rule 11 individuals who are determined not competent to understand judicial proceedings and stand trial are referred to this unit for observation and treatment, as well as female inmates from the Department of Corrections who have mental disorders requiring inpatient treatment. The Department of Corrections has no facility in which to treat severely emotionally disturbed female prisoners, nor for patients adjudicated as not guilty by reason of insanity.

Major treatment interventions are: problem-solving counseling; milieu leisure recreational activities; behavior modification and management; physical care/hygiene; group psychotherapy; occupational therapy; adult education; psychotropic medication; and placement services. The average census has increased from 35 to 56 between FY 1982-83 and the first half of FY 1984-85. Currently, this unit is staffed by 60 employees.

Geropsychiatry, Long-Term-Care Unit and Continuing Care Units

Juniper Wards J-2, J-4, J-7, J-9 and the Granada building admit patients with severe mental and physical disabilities. These patients generally are older, less active physically, often disoriented and require a great deal of observation, assistance and protection. Patients are assigned to a living area on the basis of functional level, with emphasis on patients' mobility and physical care needs. Every effort is made to provide active psychiatric treatment to each resident. Patients in Granada require total physical care. Patients showing low functioning levels are provided a secure, comfortable environment with total supportive care. Patients who manifest higher level functional capacities are therapeutically prepared for placement in alternative environments within

the community.

Major treatment modalities include: physical care and hygiene; physical therapy; acute medical care; milieu activities; occupational therapy; medications; and placement services. Some patients also receive problem-solving counseling and speech therapy. In June 1983, the Geropsychiatry and Long Term Care Units housed 100 patients and in June 1984, there were 135 patients.

During the past six months, the Continued Care Program was developed to provide quality care and treatment to patients who suffer from such severe mental and physical disabilities that it impairs daily functioning. The purpose for combining the J-2, J-4, J-7, J-9 and Granada units into a single care program was to provide supportive care to those patients who cannot be expected to return to productive community functioning because of the chronicity of their mental illness and/or organic brain damage; to maximize the use of limited resources and professional expertise; and to facilitate the ability of patients to live in a less restrictive environment.

The population is comprised of adult and geriatric patients who require active, supportive care aimed at the prevention of physical and mental deterioration. These patients receive psychiatric care; medical and nursing care; physical therapy; social services; continence training; active and passive exercise, music therapy, recreation, arts and crafts, reality orientation; and consultation as indicated with occupational therapy, psychology and appropriate others.

A part-time psychiatrist is scheduled to perform quarterly mental status and psychiatric evaluations. A general practitioner provides routine medical services. The general practitioner also participates and approves individualized treatment plans. The program also is staffed by a social worker, a physical therapist and nursing staff, totaling 127 employees. The patient census in December was 186.

Transitional Living Unit

The Transitional Living Program, which was developed with the addition of \$250,000 to the FY 1985 budget, has provided eligible patients an opportunity to live at the Hospital, while easing back into the community. Arizona State Hospital renovated two vacant three-bedroom cottages located at 25th Street and Fillmore on the Hospital campus and entered into an agreement with Arizona State University School of Social Work to implement the program. Twelve social work students work 30 to 40 hours a week at the Hospital, assisting staff with the continuing care program. A total of 21 staff and students work with the patients.

The cottages, which can house six men and six women patients, currently house seven patients. These patients spend most of their day away from the Hospital, learning money management and other independent living skills by finding inexpensive clothing, entertainment, and transportation; contacting mental health therapists; and participating in group treatment programs operated by the Hospital and mental health agencies that will be providing continuity of care upon discharge. The average length of stay is expected to be about three months before a patient is able to make the bridge back into the community.

Child/Adolescent Treatment Unit (CATU)

Adolescents aged 12 to 17 years, requiring intermediate term (three to twelve months) inpatient treatment as a result of a substantial mental disorder, are admitted to CATU. Adolescents demonstrating mental retardation, physical illness or conduct disorders with no further complications are not considered appropriate for admission. Primary treatment activities offered on this unit are: individual, group and family psychotherapy; problem-solving counseling; education, as mandated by ARS § 15-764; milieu socialization activities; occupational therapy, sensory motor training, speech therapy and prevocational programming; and placement services. In June 1983, the

Child/Adolescent Treatment Unit had 13 patients; in June 1984, there were 17; and six months later the total patient population was 20. This unit currently is staffed by 22 employees.

TREATMENT METHODS

Psychiatric

Biological Therapy (medications):

- A. Neuroleptic/psychotropic pharmaceuticals for patients manifesting psychotic states/symptoms;
- B. Lithium for patients manifesting manic states/symptoms essentially bipolar type but also schizoaffective types;
- C. Antidepressant pharmaceuticals for major depressions;
- D. Occasionally, electric shock therapy for patients with depression who have been unresponsive to other types of treatment; and
- E. Antiseizure pharmaceuticals for convulsive disorders.

Psychotherapy

- A. Individual psychotherapy by professional psychiatric and psychological staff and therapy by social workers and nurses; supportive, crisis-oriented and insight psychotherapy, when indicated; and individual counseling by paraprofessional staff regarding problems of daily living;
- B. Behavior modification conducted by Ph.D. psychology staff to improve control of difficult behavior and develop desired behavior;
- C. Group therapy for enhancement of interpersonal relations; and
- D. Assertive training to improve self-care skills and enhance self-interest and reality orientation.

Environmental Control

- A. Close observation in secured, controlled setting to protect against self-destructive behavior or control behavior that is dangerous toward others; and
- B. Safe and supportive environment to reduce or negate socioeconomic stressors.

Rehabilitation Therapy

- A. Occupational therapy to assist regressed patients in increasing sense of reality, improving attention span and task attendance, and improving level of frustration tolerance. Occupational therapy also assists inpatients who have sufficiently recovered to develop skills that may be marketed after discharge by improving and maintaining sense of self-worth and increased responsibility for self, thereby increasing likelihood of better outpatient adjustment;
- B. Recreation therapy to enhance social interaction, discharge excess energy through physical activities, and to reduce tedium of hospitalization; and
- C. Physical therapy to treat physical problems of chronic patients suffering spasticity, joint immobility, and breakdown of superficial tissue. Physical therapy also functions to improve strength and to increase the mobility of patients.

Nursing Services

- A. Twenty-four hour implementation of interdisciplinary treatment plans, and provision of patient supervision, medical and psychiatric nursing care, supportive and therapeutic interventions, and therapeutic milieu;
- B. Maintenance of the standards expected and accepted by the community by administrative supervision over 24-hours a day, seven days a week, with no increase in the number of Psychiatric Nurse Administrators.

PERSONNEL

The Arizona State Hospital staff provides clinical, administrative and support services to patients on a 24-hour basis. The growth in the number of staff between FY 1982-83 and FY 1984-85 has not kept pace with the increase in the patient census. Whereas the census rose by 44 percent in this period, the staff grew by only 16 percent (see Tables 12, 13, and 14). The effect of this trend is that the staff-to-patient ratio has declined from 1.8:1 in FY 1982-83 to 1.5:1 by December 1984. In contrast, the average staff-to-patient ratio of eight state hospitals in California, Colorado, and New Mexico was 1.8:1 in FY 1983-84.

ASH has attempted to cope with the situation by increasing the proportion of direct service staff and correspondingly declining support staff. The remainder of this section briefly summarizes the responsibilities of direct service staff.

Clinical Staff

The Arizona State Hospital Clinical staff is functionally organized by professional disciplines, with each staff member assigned to one or more units. Nursing staff, social service staff, and psychiatric staff typically are assigned to only one unit, whereas general practitioners, internists, psychologists and rehabilitation personnel work with patients from more than one unit.

Medical Staff - Psychiatrists and other physicians are on contract for services. They provide psychiatric and medical diagnoses and treatments, admit and discharge patients, and serve as leaders of the clinical team. Dentistry and podiatry services are available from part-time employees.

Nursing - The largest professional group in the hospital, nursing services provides milieu therapy, ambulatory clinic services, physical care and counseling to ensure a safe and supportive environment on a 24-hour basis. A registered nurse, who is present on all treatment units for each shift, plans, assigns, supervises and evaluates all nursing care provided. In addition, the registered nurse provides for the delivery of nursing care to all patients. A nurse supervisor also is available 24-hours a day for clinical consultation and administrative problem solving.

<u>Psychology</u> - Psychologists provide services upon referral, focusing on psychological and neuropsychological assessment and diagnosis, individual and group psychotherapy, and case and program consultation.

Patient Education - Licensed and certified teachers work with both the adolescents and adults, meeting State Department of Education standards. Teachers are incorporated into CATU, but work by referral in adult units.

TABLE 12

TOTAL FTEs FOR ARIZONA STATE HOSPITAL* June 30, 1983

DIRECT SERVICE STAFF		SUPPORT STAFF	
Psych Nurse Administrator Psych Nurse Director Psych Nurse Director Psych Nurse Asst Director Nurse II Nurse III Psych LPN Therapists Teachers Psychologists Psychology Intern Social Workers B/H Counselor V B/H Counselor III B/H Rehab II B/H Nurse Spec I Medical Records Psych Nurse Instructor Training Specialist Librarians Dentists Pharmacy Laboratory X-Ray B/H Treatment Unit Managers Psychology Resident	10.0 56.0 1.0 1.0 9.0 3.0 18.0 9.5 1.0 19.0 8.0 70.0 95.0 15.0 19.0 18.0 2.0 1.0 2.0 3.0 5.0 3.0 6.0	Superintendent Admin Services Officer III Admin Services Officer III Physical Plant Director Finance Clerical Administrative Assistant Clerk (Diet) Custodial Workers Building Maintenance Supvr Maintenance Groundskeeper Laundry Training Officer Laborer Laundry Manager Custodial Supervisor Food Service Director Dieticians Food Supervisor Cooks Food Service Workers Messenger Delivery Driver Security Officer Mail Clerks Switchboard Operators	1.0 1.0 2.0 1.0 5.0 19.0 6.0 27.0 5.0 1.0 3.0 1.0 3.0 1.0 2.0 4.0 6.0 29.0 6.0 29.0 6.0 29.0 6.0 29.0 6.0
Psychology Resident Beautician Barber	1.0	Sewing Supervisors Quality Assurance Coord	2.0
Life Guard Podiatrist Chaplain	1.0 .25 .50 1.50	Patient Rights Rep Rehabilitation Svs Director Automated Record Clerk	1.0 1.0 1.0
	406.75		211.50
		TOTAL	618.25

^{*}There were approximately 11 psychiatrists and 3 medical physicians on contract status with the Arizona State Hospital during this period. These positions are not included in the FTE total.

TABLE 13

TOTAL FTEs FOR ARIZONA STATE HOSPITAL June 30, 1984

DIRECT SERVICE STAFF		SUPPORT STAFF	
Psych Nurse Administrator	10.0	Superintendent	1.0
Psych Nurse	56.0	Admin Services Officer II	1.0
Psych Nurse Director	1.0	Admin Services Officer III	2.0
Psych Nurse Asst Director	1.0	Finance	5.0
Nurse II	9.0	Clerical	19.0
Nurse III	3.0	Administrative Assistant	6.0
Psych LPN	18.0	Clerk (Diet)	3.0
Therapists	16.0	Custodial Workers	41.0
Teachers	8.0	Building Maintenance Supvr	2.0
Psychologists	9.5	Maintenance	27.0
Psychology Intern	1.0	Groundskeeper	5.0
Social Workers	19.0	Laundry	13.0
B/H Counselor V	8.0	Training Officer	1.0
B/H Counselor III	70.0	Laborer	3.0
B/H Counselor II	95.0	Laundry Manager	1.0
B/H Rehab II	15.0	Custodial Supervisor	5.0
B/H Nurse Spec I	19.0	Food Service Director	1.0
Medical Records	18.0	Dieticians	2.0
Psyc Nurse Instructor	2.0	Food Supervisor	4.0
Training Specialist	1.0	Cooks	6.0
Librarians	2.0	Food Service Worker	29.0
Dentists	3.0	Messenger Delivery Driver	6.0
Pharmacy	5.0	Security Officer	15.0
Laboratory	3.0	Mail Clerks	2.0
X-Ray	3.0	Switchboard Operators	6.0
B/H Treatment Unit Manager	1.0	Sewing Supervisor	2.0
Psychology Resident	6.0	Quality Assurance Coord	1.0
Beautician	1.0	Patient Rights Rep	1.0
Life Guard	.25	Rehabilitation Svs Director	1.0
Podiatrist	.50	Automated Record Clerk	1.0
Chaplain	1.5	Planning Evaluation Chief	1.0
Barber	1.0		1.0
	406.75		213.0
	66%		34%
		TOTAL	619.75

^{*}There were approximately 11 psychiatrists and 3 medical physicians on contract with the Arizona State Hospital during this period. These positions are not included in the FTE totals.

TABLE 14

TOTAL FTEs FOR ARIZONA STATE HOSPITAL December 31, 1984

DIRECT SERVICES STAFF		SUPPORT STAFF	
Psych Nurse Administrator	10.0	Superintendent	1.0
Psych Nurse	71.0	Asst Admin for Finance	1.0
Psych Nurse Director	1.0	Admin Services Officer III	2.0
Psych Nurse Asst Director	1.0	Physical Plant Director	1.0
Nurse II	8.0	Finance	6.0
Nurse III	4.0	Clerical	26.0
Psych LPN	18.0	Administrative Assistant	7.0
Therapists	24.0	Clerk (Diet)	3.0
Teachers	8.0	Custodial Workers	43.0
Psychologists	7.5	Building Maintenance Supvr	2.0
Psychology Intern	2.0	Maintenance	27.0
Social Workers	23.0	Groundskeeper	5.0
B/H Counselor V	7.0	Laundry	13.0
B/H Counselor III	77.0	Training Officer	1.0
B/H Counselor II	140.0	Laborer	3.0
B/H Rehab II	20.0	Laundry Manager	1.0
B/H Rehab I	2.0	Custodial Supervisor	5.0
B/H Nurse Specialist I	20.0	Food Service Director	1.0
Medical Records	21.0	Dieticians	2.0
Psych Nurse Instructor	2.0	Food Supervisor	4.0
Training Specialist	1.0	Cooks	6.0
Librarians	2.0	Food Service Worker	29.0
Dentists	3.0	Messenger Delivery Driver	6.0
Pharmacy	5.0	Security Officer	15.0
Laboratory	3.0	Mail Clerks	2.0
X-Ray	2.0	Switchboard Operators	6.0
B/H Treatment Unit Manager	1.0	Sewing Supervisor	2.0
Psychology Resident	6.0	Quality Assurance Coord	1.0
Beautician	1.0	Patient Rights Rep	1.0
Life Guard	.25	Rehabilitation Svs Director	1.0
Podiatrist	.50	Automated Record Clerk	1.0
Chaplain	1.5	Research, Stat Analyst	2.0
Barber	1.0	Volunteer Svs Coordinator	1.0
Planning Evaluation Chief	1.0		
	493.75		227.0
	69%		31%
		TOTAL	720.75

^{*}There were approximately 11 psychiatrists and 3 medical physicians on contract with the Arizona State Hospital during this period. These positions are not included in the FTE total.

<u>Social Services</u> - Social workers assigned to the units provide intakes, social histories, family counseling, community agency liaisons, and discharge planning.

Rehabilitation Services - The department is composed of occupational, physical, recreational, and speech therapy programs. Occupational therapy assists patients to improve cognitive and functioning skills of everyday life, from basic self-care to competitive employment. Physical therapy maintains or improves patients' mobility, joint range-of-motion, muscle strength and prevents disuse atrophy and deformity. Recreational therapy assists patients to make constructive use of recreation and leisure time and to decrease social isolation and destructive behaviors. Speech therapy assists patients with speech, language, and hearing impairments.

Quality Assurance - The Quality Assurance section is comprised of four distinct units: Quality Assurance, Patient Advocacy, Utilization Review, and Staff Development and Training. The thrust of the quality assurance program is to identify and/or focus on problems that have a direct impact on patient care and treatment and to reduce or resolve problems via the four Quality Assurance component areas. The problem-solving approach used considers such key factors as cost containment, available resources, physical plant limitations, and various rules and regulations, standards and Hospital policies and procedures.

SERVICE MEASUREMENT

Nursing Services

The quality of nursing management and supervision was measured by the

improvement in the hospital environment, improved documentation of patients' conditions, and in the appearance of the patients. Although the hospital units were overcrowded, a safe and therapeutic environment was documented during extensive onsite surveys conducted by the Joint Commission on the Accreditation of Hospitals and Medicare. Currently, four schools of nursing affiliate with ASH. The number of student nurses has increased from 32 to 45 during the past fiscal year. Recruitment of registered nurses continues.

Psychology Services

Psychotherapy is conducted primarily in group sessions, with an average of nine patients in each group. Approximately 6,240 hours of staff time was devoted to psychotherapy. During FY 84, 540 brief and comprehensive psychological assessments were completed. Global Assessment Scales (GAS) were administered to 471 patients. Mean entry score was 29.8 and mean exit score was 36.5, a measured increase of 6.7 in average scores.

The psychology section performed studies related to patient conditions and diagnosis, psychotherapeutic progress characteristics of treatment units, and also provided consultation to university researchers. A peer review on each psychologist was completed. Clinical materials were developed, the treatment plan form was revised and consolidated, and a scale for measuring therapeutic progress was initiated. Psychological services also provided training to three psychology interns.

Social Services

Quantitative and qualitative improvement continued in the delivery of comprehensive social work services to all patients who were admitted and discharged. As a result of amendments to the mental health law, social work increased by 25 percent. Contact with families and significant others increased by 10 percent. Staff

also initiated efforts to improve linkage with community treatment facilities that provide continuing care to patients upon discharge. Social Services reviews court-ordered admissions for appropriateness, as well as court proceedings, re-commitment proceedings, inpatient/outpatient court-ordered treatment discharges, guardianship proceedings, and patient tracking. Tracking, which should provide effective interventions and reduce re-hospitalizations, will continue to be a priority. Arizona State Hospital has established an affiliation with the Arizona State University School of Social Work, with the goal of building a social work student unit at the Hospital.

Rehabilitation Services

Occupational therapy centralized programming is structured to meet various needs of patients on all units. Therapy hours have increased an average of 1.5 hours per day for each patient. Audiometric screenings were completed on 446 patients (unduplicated count); 85 speech/language evaluations were done; and 40 hearing aids were repaired. Physical therapy was provided to 154 patients. Rehabilitation Services provided a wider variety of activities, such as sports tournaments, holiday celebrations, theme parties, and dancing. Therapy groups in gardening, drama, fine arts, exercise, leisure education, and weekend movies were offered. Five students successfully completed rehabilitation therapy internships at the end of FY 83-84.

FACILITIES AND PHYSICAL PLANT

Arizona State Hospital's physical plant and most of its equipment are old and outdated; equipment failure occurs often. Galvanized pipes and valves have deteriorated to such an extent that water temperature controls are difficult to adjust. The central cooling systems on Juniper complex, Kachina, Encanto, and the Administration building are not as effective as individual units and are costly to maintain. Insulation in buildings is not adequate and contributes to the difficulty in maintaining a normal temperature.

Street and walkway improvements are needed for the safety of patients and improvements are needed to upgrade the chainlink fencing and lighting system surrounding the grounds and several unit patio areas.

Recent overcrowding has taxed further the few bathroom facilities, which are not sufficient to accommodate all the patients. The 20-year-old laundry equipment is burdened with the increase in census and provision of services to the Department of Corrections' Alhambra facility. Parts for the laundry equipment are obsolete, requiring excessive maintenance to keep them operational.

In addition, a special inspection committee has identified extensive sections where patient care areas are not accessible or safe for handicapped patients who must use wheelchairs, crutches, walkers, or are visually impaired. Bathrooms are inaccessible, stairs and walkways are hazardous—due to crumbling pavement; ramps and doorways are inadequate. Required structural changes will be costly and delayed pending Land and Building Improvement funds.

APPENDIX A

AVERAGE MONTHLY CENSUS AND CENSUS PROJECTIONS*

Nov

Dec Jan

Feb

riccal Year												
Fiscal Year 1982-83	325	329	326	323	332	344	343	345	337	344	342	342
1983-84	340	360	369	377	381	391	402	411	426	423	437	449
1984-85			•									
7/1/84-12/31/84	456	466	464	478	488	493						
Projections												
1/1/85-6/30/85							499	504	510	515	521	527
1985-86	532	538	543	549	555	560	566	571	577	583	588	594
1986-87	599	605	611	616	622	627	633	638	644	650	655	661
1987-88	667	672	678	683	689	695	700	706	711	717	722	728

<u>Oct</u>

July

Aug Sept

^{*}These projections were estimated by linear regression. If all things remain constant and nothing changes, these estimates would be accurate. However, by mid-1985 the Hospital should reach its physical capacity to house patients without crowding. This likely event will result in some change to this estimate or any other prepared at this time.

APPENDIX B

FINANCIAL SUMMARY FY 1982-83 AND FY 1983-84

	1982-1983	1983-1984
Funding Sources (General Operations): State General Fund Appropriations		
Personal Services and Related Benefits Operating Expenses Rental Income Endowment Earnings Patient Benefit Fund Donations Total Funding	\$12,103,000 3,216,600 599,520 341,904 48,309 2,518 \$16,311,851	\$12,513,208 4,025,060 496,028 151,230 62,738 3,020 \$17,251,284
Expenditures:		
Personal Services and Related Benefits * Professional and Outside Services Travel (In-State) Food Other Operating Capital Equipment Total Cost of Operations	\$12,148,436 1,803,818 19,311 492,730 1,776,212 16,242 \$16,256,749	\$12,406,930 1,822,097 16,453 592,521 2,251,914 55,865 \$17,145,780

Note: These figures may differ slightly from those contained in the budget request since they come from more recent data.

\$1.512.210	\$1,644,378
	501,777
	296,986
	200,756
	127,985
	\$2,797,228
\$201.00	\$145.00
	\$147.00
	\$240.00
	\$97.00
	\$119.00
	\$94.00
\$145.00	\$118.00
	\$1,512,210 433,932 344,158 108,689 97,833 29,041 \$2,525,863 \$203.00 \$203.00 \$239.00 \$137.00 \$110.00 \$89.00 \$145.00

Contract Physicians, Nursing Registries, Outside Hospitalization Costs

APPENDIX C

SELECTED PATIENT CHARACTERISTICS AND LENGTH OF STAY BY PATIENT COUNTY OF RESIDENCE

PATIENT CHARACTERISTICS & LENGTH OF STAY IN FY 84 FOR ARIZONA STATE HOSPITAL ADMISSIONS (a)& DISCHARGES BY PATIENT COUNTY OF RESIDENCE

APACHE

TOTAL PATIENTS

<u>Sex</u>	N	%	Dinosis		%
Males	1	20	Schizophrenic Disorders	0	
Females	4	80	Affective Psychoses	3	60
<u>Age</u>			Paranoid States	0	
			Other Psychoses	0	
Under 21	2	40	Neurotic Disorders	1	20
21-44	3	60	Senile & Presenile Organic Psychotic Disorders Alcoholic Psychoses		
45-65	0				
65+	0				
			Other Organic Mental Disorders	1	20
Legal Status		•	Drug Related Disorders	0	
			Personality Disorders	0	
Voluntary	3	60	Adjustment Reactions	0	
Court ordered	2	40	Disturbance of Conduct	0	
Criminal commitment	0		Mental Retardation	0	
Juvenile commitment	0		Alcohol Abuse	0	
Other	0		Other	0	

TOTAL HOSPITAL DAYS: 239 AVERAGE LENGTH OF STAY: 59.75

Demographic and diagnostic data are for admissions; length of stay information is on discharged patients.

COCHISE

TOTAL PATIENTS

<u>Sex</u>	N	%	Diagnosis	N	%
Males	8	57	Schizophrenic Disorders	11	79
Females	6	43	Affective Psychoses	2	14
A ~ ~			Paranoid States	0	
Age			Other Psychoses	0	
Under 21	1	7	Neurotic Disorders	0	
21-44	11	79	Senile & Presenile Organic Psychotic Disorders	0	
45-65	2	14	Alcoholic Psychoses	0	
65+	0	0	Other Organic Mental Disorders	0	
			Drug Related Disorders	1	7
Legal Status			Personality Disorders	0	
Voluntary	6	43	Adjustment Reactions	0	
Court ordered	8	57	Disturbance of Conduct	0	
Criminal commitment	0		Mental Retardation	0	
Juvenile commitment	0		Alcohol Abuse	0	
Other	0		Other	0	

TOTAL HOSPITAL DAYS: 1547 AVERAGE LENGTH OF STAY: 231.54

Demographic and diagnostic data are for admissions; length of stay information is on discharged patients.

COCONINO

TOTAL PATIENTS

<u>Sex</u>	N	%	Diagnosis	N	%
Males	5	50	Schizophrenic Disorders	4	40
Females	5	50	Affective Psychoses	1	10
			Paranoid States	0	
Age			Other Psychoses	0	
Under 21	3	30	Neurotic Disorders	0	
21-44	6	60	Senile & Presenile Organic		
45-65	0		Psychotic Disorders	0	
65+	0		Alcoholic Psychoses	0	
Unknown	1	10	Other Organic Mental Disorders	0	
Legal Status			Drug Related Disorders	0	
<u>Logar Status</u>			Personality Disorders	0	
Voluntary	6	60	Adjustment Reactions	1	10
Court ordered	3	30	Disturbance of Conduct	1	10
Criminal commitment	1	10	Mental Retardation	0	
Juvenile commitment	0		Alcohol Abuse	1	10
Other	0		Other	2	20

TOTAL HOSPITAL DAYS: 1688 AVERAGE LENGTH OF STAY: 153.45

Demographic and diagnostic data are for admissions; length of stay information is on discharged patients.

GILA

TOTAL PATIENTS

<u>Sex</u>	N	%	Diagnosis	N	%
Males	19	59	Schizophrenic Disorders	11	33
Females	14	42	Affective Psychoses	11	33
A a a			Paranoid States	1	3
Age			Other Psychoses	2	6
Under 21	4	12	Neurotic Disorders	2	6
21-44	14	43	Senile & Presenile Organic Psychotic Disorders	2	6
45-65	10	30	Alcoholic Psychoses	1	3
65+	5	15	Other Organic Mental Disorders	1	3
			Drug Related Disorders	0	
Legal Status			Personality Disorders	0	
Voluntary	11	33	Adjustment Reactions	0	
Court ordered	22	67	Disturbance of Conduct	1	3
Criminal commitment	0	-	Mental Retardation	1	3
Juvenile commitment	0		Alcohol Abuse	0	
Other	0		Other	0	

TOTAL HOSPITAL DAYS: 1674 AVERAGE LENGTH OF STAY: 57.72

⁽a) Demographic and diagnostic data are for admissions; length of stay information is on discharged patients.

GRAHAM

TOTAL PATIENTS

<u>Sex</u>	N	%	Diagnosis	N	%
Males	6	35	Schizophrenic Disorders	7	41
Females	11	65	Affective Psychoses	3	17
Age			Paranoid States	0	
			Other Psychoses	0	
Under 21	0		Neurotic Disorders	0	
21-44	9	53	Senile & Presenile Organic Psychotic Disorders	2	12
45-65	6	35			12
65+	2	12	Alcoholic Psychoses	2	12
			Other Organic Mental Disorders	2	12
Legal Status			Drug Related Disorders	0	
Degar Status			Personality Disorders	0	
Voluntary	8	47	Adjustment Reactions	0	
Court ordered	9	53	Disturbance of Conduct	0	
Criminal commitment	0		Mental Retardation	0	
Juvenile commitment	0		Alcohol Abuse	1	6
Other	0		Other	0	

TOTAL HOSPITAL DAYS: 546 AVERAGE LENGTH OF STAY: 42

Demographic and diagnostic data are for admissions; length of stay information is on discharged patients.

MARICOPA

TOTAL PATIENTS

<u>Sex</u>	N	%	Diagnosis	N	%
Males	270	58	Schizophrenic Disorders	183	39
Females	195	42	Affective Psychoses	124	27
Age		Per	Paranoid States	1	.3
			Other Psychoses	3	.7
Under 21	68	15	Neurotic Disorders	14	3
21-44	258	55	Senile & Presenile Organic	25	_
45-65	87	19	Psychotic Disorders	25	5
65+	44	9	Alcoholic Psychoses	6	1
Unknown	8	2	Other Organic Mental Disorders	31	7
Legal Status			Drug Related Disorders	5	1
			Personality Disorders	17	4
Voluntary	193	41	Adjustment Reactions	6	1
Court ordered	265	56	Disturbance of Conduct	15	3
Criminal commitment	1	.5	Mental Retardation	7	2
Juvenile commitment	1	.5	Alcohol Abuse	6	1
Other	5	2	Other	22	5

TOTAL HOSPITAL DAYS: 52,026 AVERAGE LENGTH OF STAY: 146.55

Demographic and diagnostic data are for admissions; length of stay information is on discharged patients.

MOHAVE

TOTAL PATIENTS

<u>Sex</u>	N	%	Diagnosis	N	%
Males	1	14	Schizophrenic Disorders	3	43
Females	6	86	Affective Psychoses	0	
Λ ~ ~			Paranoid States	0	
Age			Other Psychoses	0	
Under 21	0	0	Neurotic Disorders	0	
21-44	7	100	Senile & Presenile Organic		
45-65	0		Psychotic Disorders	0	
65+	0		Alcoholic Psychoses	0.	
			Other Organic Mental Disorders	1	14
			Drug Related Disorders	0	
Legal Status			Personality Disorders	0	
Voluntary	1	14	Adjustment Reactions	0	
Court ordered	6	86	Disturbance of Conduct	0	
Criminal commitment	0		Mental Retardation	0	
Juvenile commitment	0		Alcohol Abuse	0	
Other	0		Other	3	43

TOTAL HOSPITAL DAYS: 484 AVERAGE LENGTH OF STAY: 69.14

⁽a) Demographic and diagnostic data are for admissions; length of stay information is on discharged patients.

NAVAJO

TOTAL PATIENTS

Sex	N	%	Diagnosis	N	%
Males	5	50	Schizophrenic Disorders	3	30
Females	5	50	Affective Psychoses	3	30
ΔσΑ			Paranoid States	0	
Age			Other Psychoses	0	
Under 21	2	20	Neurotic Disorders	1	10
21-44	5	50	Senile & Presenile Organic		
45-65	3	30	Psychotic Disorders	0	
65+	0		Alcoholic Psychoses	0	1.0
			Other Organic Mental Disorders	1	10
Legal Status			Drug Related Disorders	0	
			Personality Disorders	0	
Voluntary	2	20	Adjustment Reactions	0	
Court ordered	7	70	Disturbance of Conduct	1	10
Criminal commitment	0	•	Mental Retardation	1	10
Juvenile commitment	1	10	Alcohol Abuse	0	
Other	0		Other	0	

TOTAL HOSPITAL DAYS: 1159 AVERAGE LENGTH OF STAY: 105.36

⁽a) Demographic and diagnostic data are for admissions; length of stay information is on discharged patients.

PIMA

TOTAL PATIENTS

<u>Sex</u>	N	%	Diagnosis	N	%
Males	34	60	Schizophrenic Disorders	19	33
Females	23	40	Affective Psychoses	11	19
Age			Paranoid States	0	0
			Other Psychoses	3	5
Under 21	13	22	Neurotic Disorders	2	4
21-44	32	56	Senile & Presenile Organic		
45-65	8	14	Psychotic Disorders	0	0
65+	2	4	Alcoholic Psychoses	2	4
Unknown	2	4	Other Organic Mental Disorders	2	4
Legal Status			Drug Related Disorders	0	0
			Personality Disorders	0	0
Voluntary	18	32	Adjustment Reactions	0	0
Court ordered	34	60	Disturbance of Conduct	3	5
Criminal commitment	0		Mental Retardation	7	12
Juvenile commitment	3	5	Alcohol Abuse	2	4
Other	2	3	Other	6	10

TOTAL HOSPITAL DAYS: 14,829 AVERAGE LENGTH OF STAY: 264.80

Demographic and diagnostic data are for admissions; length of stay information is on discharged patients.

PINAL

TOTAL PATIENTS

<u>Sex</u>	N	%	Diagnosis	N	%
Males	21	64	Schizophrenic Disorders	15	46
Females	12	36	Affective Psychoses	10	30
Age			Paranoid States	0	
			Other Psychoses	0	
Under 21	5	15	Neurotic Disorders	1	3
21-44	17	52	Senile & Presenile Organic Psychotic Disorders	0	
45-65	10	30	Alcoholic Psychoses	2	6
65+	0			0	
Unknown	1	3	Other Organic Mental Disorders	0	
Legal Status			Drug Related Disorders	0	
			Personality Disorders	2	6
Voluntary	7	21	Adjustment Reactions	0	
Court ordered	24	73	Disturbance of Conduct	2	6
Criminal commitment	1	3	Mental Retardation	0	
Juvenile commitment	0		Alcohol Abuse	0	
Other	1	3	Other	1	3

TOTAL HOSPITAL DAYS: 4216 AVERAGE LENGTH OF STAY: 200.76

⁽a) Demographic and diagnostic data are for admissions; length of stay information is on discharged patients.

SANTA CRUZ

TOTAL PATIENTS

Sex	N	<u>%</u>	Diagnosis	N	%
Males	1	50	Schizophrenic Disorders	1	50
Females	1	50	Affective Psychoses	0	
Age			Paranoid States	0	
			Other Psychoses	0	
Under 21	0		Neurotic Disorders	0	
21-44	2	100	Senile & Presenile Organic Psychotic Disorders	0	
45-65	0			0	
65+	0		Alcoholic Psychoses	U	
			Other Organic Mental Disorders	1	50
Legal Status			Drug Related Disorders	0	
			Personality Disorders	0	
Voluntary	0		Adjustment Reactions	0	
Court ordered	2	100	Disturbance of Conduct	0	
Criminal commitment	0		Mental Retardation	0	
Juvenile commitment	0		Alcohol Abuse	0	
Other	0		Other	0	

TOTAL HOSPITAL DAYS: 306 AVERAGE LENGTH OF STAY: 153

Demographic and diagnostic data are for admissions; length of stay information is on discharged patients.

YAVAPAI

TOTAL PATIENTS

<u>Sex</u>	N	%	Diagnosis	N	%
Males	18	69	Schizophrenic Disorders	10	38
Females	8	31	Affective Psychoses	8	30
Age			Paranoid States	0	
			Other Psychoses	0	
Under 21	1	4	Neurotic Disorders	0	
21-44	13	50	Senile & Presenile Organic Psychotic Disorders	2	8
45-65	9	35	Alachalia Davehace	1	1,
65+	3	11	Alcoholic Psychoses Other Organic Mental Disorders	0	4
Legal Status			Drug Related Disorders	0	
Degat Status			Personality Disorders	1	4
Voluntary	4	15	Adjustment Reactions	0	
Court ordered	19	73	Disturbance of Conduct	0	
Criminal commitment	2	8	Mental Retardation	0	
Juvenile commitment	0		Alcohol Abuse	2	8
Other	1	4	Other	2	8

TOTAL HOSPITAL DAYS: 839 AVERAGE LENGTH OF STAY: 46.61

Demographic and diagnostic data are for admissions; length of stay information is on discharged patients.



